



**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

☐ **Duplicate**
(check, if applicable)



MAIL STOP PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Atty. Docket No.: 602193-9US (A1437-343PO)

First Named Inventor: Ekawat Vitoorapakorn, et al.

Express Mail Label No.: EV369931018US

Total Pages of Transmittal Form: 3

Transmitted herewith for filing is the non-provisional utility patent application entitled:

FASTENING ASSEMBLY FOR SECURING A BED LINER TO A TRUCK BED

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)

of prior Application No. ____ filed ____.

Anticipated Group/Art Unit: ____ or Class ____, Subclass ____.

☐ This non-provisional patent application is based on Provisional Patent Application No. ____ , filed ____.

Enclosed are:

☒ Specification (including Abstract) and claims: 16 pages.

☒ 11 sheets of drawings (informal).

☐ Application Data Sheet.

☒ Newly unexecuted Declaration (copy).

☐ Copy of Declaration from prior application.

☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

☐ Microfiche computer program (Appendix).

☐ Nucleotide and/or Amino Acid Sequence Submission, including:

☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.

☐ Under PTO-1595 Cover Sheet, an assignment of the invention

☒ Name of Assignee: Aeroflex International Co., Ltd.

☐ Certified copy(ies) of ____ Application No(s). ____ filed ____ is/are filed:

☐ herewith or ☐ in prior application ____.

- ☒ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☒ a Small Business Concern, or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)
- ☐ Other:

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE:			BASIC FEE:	
			\$385			\$770	
Total	10-20 =	0	X9	\$	OR	X18	\$
Independent	1 - 3 =	0	X43	\$	OR	X86	\$
<input type="checkbox"/> Multiple Dependent Claims Present			\$145	\$	OR	\$290	\$
			TOTAL	\$ 385.	OR	TOTAL	\$

- ☐ The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts
- ☒ A check in the amount of \$ 385.00 to cover the filing is enclosed.
- ☒ The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 602193.0009)** as noted below. A duplicate copy of this sheet is enclosed.
- ☒ Any overpayments or deficiencies in the above-calculated fee.
- ☐ Filing fee in the amount of \$ _____ as calculated above.
- ☒ Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- ☒ In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

March 17, 2004
(Date)

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Enclosures